TROOPS AND FAMILY CARE FUND FEASIBILITY STUDY

White Paper for Discussion and Action

BACKGROUND - What did we ask? Who did we ask? Why did we ask?

Throughout 2007, leaders of nonprofit organizations, government representatives and our donors began to contact the Community Foundation for the National Region with concerns about the well-being of military service members and their families in our region. As often happens with an emerging issue, they expressed a desire to better understand the needs and to work together to craft a response. In early 2008, The Community Foundation joined with Montgomery County Executive Isiah Leggett to commission a study to determine the feasibility of a community-based nonprofit response to complement government and national nonprofit efforts to ease the hardships of deployment to Afghanistan and Iraq and post-deployment reintegration for troops and families in the National Capital Region.

The objectives of the study were to determine 1) the size, scope, needs of and resources for military personnel and their families experiencing deployment and/or post-deployment reintegration into the National Capital Region resulting from military service in Iraq and/or Afghanistan; and 2) the likelihood that adequate philanthropic dollars could be raised over the next several years to increase the community's capacity to address the needs.

The study team* consulted multiple sources to obtain statistics concerning the numbers of soldiers who are currently or have ever been deployed to Iraq and Afghanistan from the National Capital Region. They also received a response to our Freedom of Information Act request on this topic. Similarly, the study team consulted hundreds of nonprofit and government experts, websites and documents, and surveyed more than 150 community-based organizations to understand needs and resources. Soon after finalizing the study, the Community Foundation convened two diverse focus groups to test the resonance of findings, observations and possible actions.

The study is not based on sources with comparable data. And, the more questions the study team asked, the more questions surfaced. On the advice of colleagues at the Texas Resources for Iraq Afghanistan Deployment Fund of the San Antonio Area Foundation, the study team collected sufficient information to offer reasonable estimates, paint a picture of the challenges and offer some initial recommendations.

CONTEXT - Then and Now?

The study was undertaken between January and May 2008 in the context of a shifting landscape and some possible opportunities. Factors included, but were not limited to, the scheduled relocation of Walter Reed Army Medical Center (WRAMC) in Northwest DC to the National Naval Medical Center (NNMC) campus in Bethesda, MD and uncertainty regarding the future of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF).

In recent months, the environment has shifted even more dramatically and unpredictably. Economic conditions are weakening the safety net for many Americans (not just service members) and threatening support from both government and philanthropy. Simply put, the capacity to assist all those in need—including troops and their families—is unlikely to keep pace with demand. Information and collaboration are critical for resources to be used most strategically and efficiently. With this backdrop, we are sharing this summary of the results of the study and are encouraging donors, foundations, the faith community, business leaders and government and military agencies to work together to better address some of the needs of service members and their families.

FINDINGS - What did we learn?

Numbers

When the study concluded in May 2008, an estimated 36,967 soldiers had "ever deployed" and an estimated 6,020 were "currently deployed" to either or both Afghanistan and Iraq from the National Capital Region. The military reported that 208 soldiers from our region had died in the two wars and 1,218 had been wounded in action.

Definitive data on the number of military family members in the metro area was not available. Conservatively estimated, there are more than 18,400 spouses and more than 25,000 children of OEF/OIF soldiers as slightly more than half of all troops are married and slightly less than half have children.

In addition, there are more than 700 soldiers and 1,000 family members who are here *at any one time* by virtue of the specialized care provided by the NNMC and WRAMC. Although it is not known how many of these

Numbers of Deployed OEF/OIF Troops

	Ever	Currently	Died	Seriously Wounded
MD	16,628	2,911	76	445
Active	7,569	1,259		
Reserve	9,059	1,652		
Mo, PG Co	5,320	931		
VA	135,936	21,811	125	751
Active	120,086	18,223		
Reserve	15,850	3,588		
NoVA	28,546	4,580		
DC	3,101	509	7	22
Active	2,341	412		
Reserve	760	97		

families ultimately settle in the area, the average length of stay (inpatient plus outpatient days) for most of the wounded warriors at WRAMC is more than 380 days.

Needs

> A wounded soldier returned from Iraq in April 2007 and was hospitalized with severe injuries. His wife received orders to be by his bedside for the first month. She had to take a leave of absence from work to care for him and ultimately was out of work for one year which caused the family to fall behind on their mortgage and utilities. *–Operation Homefront*

The impact of the two wars on soldiers and their families is increasingly well chronicled. To paraphrase a recent report from Grantmakers in Health, stories of devastation on the news depict families struggling to cope with problems of their loved ones who have served in the military. Many needs—such as health care, education and training, childcare and emergency cash assistance—could have been predicted.

Some needs, however—such as extended care for traumatic brain injuries and amputations, specialized mental health care for the level and severity of post traumatic stress disorder (PTSD), longer term financial assistance and respite for caregivers—may be unique to these wars and/or especially pronounced in the National Capital Region. First, OEF/OIF military families are facing longer and more numerous deployments than in previous conflicts which often compound health, mental health, financial and other challenges.

> AB had already completed his obligation with the Air National Guard, only to be re-called to another deployment. After starting a new chapter in his life, he had to face the stress and trauma of an unexpected re-deployment. *–Anonymous, MD Air National Guard*

Second, some troops may be particularly isolated and/or impacted. Nationally, troops and veterans from the Guard and Reserves make up a greater proportion (40%) than in any other war (especially true in MD where Guard and Reserve account for more than 54%). In fact, neither group was mobilized during Vietnam. Guard members tend to be older and have relatively little connection to military communities or the Department of Veteran Affairs as they are not installation-based. More than 40% of Reservists are seriously impacted by a pay discrepancy between their military and civilian salaries. When not on active duty, more than 20% of Guardsmen lack healthcare, many more are unaware of what benefits they have access to, and many are suffering financial strain both during and after deployment.

Several sources suggested that a disproportionate number of those deployed from the region are Individual Augmentees who bring the specialized skills of the local workforce (i.e. from the Pentagon and military hospitals) to an already deployed unit, creating a situation of unique isolation and diminished access to supportive services available by unit.

> In June 2006, D's fiancée was redeployed to Iraq. There had been talk of upcoming deployment, but the date was always in question. It wasn't until a couple of weeks before the deployment that he was given a date. He has now been deployed 3 times to "foreign wars." After his first tour in Iraq, he was diagnosed with PTSD, but instead of being medically discharged, he was redeployed. He was receiving counseling 1-2 times per week and now gets none. D is terrified by what he is seeing and how it will affect him in the long term. *–Military Families Speak Out*

Third, the signature wounds and injuries of OEF/OIF—traumatic brain injury, amputations, hearing damage, PTSD, and depression—pose serious treatment challenges and typically require not only extended and specialized care at WRAMC, the NNMC or the VA Hospital, but also significant support and assistance for the entire family ranging from respite care to home modifications.

> Four years later, the noise of war is still with 27 year-old former Staff Sgt. RK. His leg was blown off below the knee after the simultaneous explosion of three roadside bombs near Baghdad. When it happened, RK didn't feel his leg was gone. What he remembered was his ears ringing. Today, RK's leg has been replaced with a prosthetic, but his ears are still ringing. "It is constantly there," he said. "It constantly reminds me of getting hit. I don't want to sit here and think about getting blown up all the time. But that's what it does." *–Swords to Plowshares*

These factors put many OEF/OIF soldiers and families at increased risk for suicide, homelessness, significant financial difficulties and disrupted family life. Other variables exacerbate or pose a unique challenge for military families in the National Capital Region. For example, wounded warriors who receive care at the NNMC or WRAMC may prefer to stay in this community for continuity of specialized care, but cannot afford housing. These families have greater needs for child and respite care, employment and training assistance (especially for spouses), and emergency financial assistance.

Resources

Current resources are simply not adequate to meet the demand; brand new resources are coming on-line, but are certainly not to scale; and the enormous amount of information about benefits and services is likely why a commonly mentioned resource gap is case management—assessing, providing, coordinating, monitoring and adjusting services—to help military personnel and their families successfully link with the most appropriate available resources.

The study team heard often that there is a gap between the services "advertised" as available and what soldiers and families are able to access. For instance, the National Military Families Association (NMFA) received 7,000 applications for 40 military spouse scholarships. There were approximately 3,500 applicants for 200 Association for Financial Counseling and Planning Education/NMFA scholarships. Even with increased funding, there is a national shortfall of 31,500 spaces for military sponsored day care. Free childcare is technically available at WRAMC for OEF/OIF families, but there is a waitlist for full day care. Likewise, there is a serious mental health workforce shortage for active duty military, veterans and family members.

Both the public and nonprofit sectors are developing new resources. For example, the Department of Defense and the Department of Veterans Affairs are currently implementing more than 400 recommendations compiled from five major studies of military health care over the past few years. In January 2008, President Bush signed into law the first expansion of the Family Medical Leave Act, adding coverage for caregivers of injured service members and family of active duty service members. In mid-March 2008, the Department of Defense announced the formation of a new Deployment Support and Reintegration Office to provide support and outreach to Reserve and Guard units. A new suicide prevention hotline was launched several months ago and there is a new and growing private resource, Give an Hour, a national network of mental health providers who donate an hour of their time each week to military personnel and their families. Approximately 100 providers from the National Capital Region have signed up to donate care, but it is too soon to determine if care is reaching those in need and if what is donated meets demand.

Hundreds of **national nonprofits** offer assistance ranging from emergency financial support, phone and gift cards, local and long-distance travel vouchers and care packages to youth programming (such as camps), mentoring, career counseling and job placement. For example, Fisher House offers a "home away from home" for families of patients at major military and VA medical centers including three at WRAMC and two at NNMC; American Red Cross provides emergency communications for active and community-based military personnel; and Operation Homefront offers housing for wounded warriors transitioning out of WRAMC. At the same time, some groups that publicize support may be mismanaged or not offering meaningful help, such as those reported in the *Washington Post* as receiving a failing grade.

The Public Benefits Puzzle

Federal

Primarily provided through the Department of Defense or Department of Veteran Affairs and, depending on branch of service and status, include such benefits as health, dental and mental health care, child care, legal assistance, counseling, employment and training assistance and family support for active duty; health and mental health care for veterans; death benefits and family support for survivors. Iraq and Afghanistan Veterans of America (IAVA) reports that the current VA system is passive and many veterans do not know what they are eligible for. Portals to information and assistance include Military One Source, Family Assistance Centers, Military Homefront, Military Spouse Resource Center, Vet Centers, and Operation Homefront's CinCHouse.

Local

Vary from state to state and may include assistance such as Unemployment Compensation, in-state tuition, educational aid for military children and workforce support. Maryland and Montgomery County recently appropriated funds to ensure that veterans and their families receive mental health care. Maryland recently began providing a no-interest loan program. Virginia amended the state code to establish a program to coordinate mental health and rehab services for veterans and members of the Guard and Reserves.

In theory, nothing should preclude service members and families from learning about and utilizing a range of **local nonprofit** services, but with a handful of notable exceptions (such as the Mental Health Association in Montgomery County, Red Cross of the National Capital Area, Yellow Ribbon Fund and Crisis Link in Northern VA), local nonprofits report either not serving military families or not identifying that affiliation when they are served. Military representatives report that nonprofits are often not culturally sensitive to the unique needs of servicemembers and families.

CF's husband, an Army chaplain major, was diagnosed with chronic PTSD after being injured by explosives in Iraq. CF said it's hard because their five children want to talk to dad but he can't process any of it, then gets stressed and needs to be alone. CF spends a lot of time making excuses and explaining. At restaurants, the family needs a table that faces the front door, so her husband can see out. They also need a table where there aren't windows beside him, so he can feel secure. CF says some people are understanding, but some aren't. They think, "Well, he looks fine; he must be fine." *–Operation Homefront*

Philanthropy

Local philanthropy has a distinguished history of coming together to respond to region-wide crises that are larger than any single funder. So, the study team tested whether adequate dollars might be raised over the next several years to make a difference. Of the dozen foundations and corporate giving programs interviewed, there was nearly unanimous agreement that easing the hardships of deployment and post-deployment reintegration is an important, appropriate goal that requires further conversation. However, few local funders have relationships with nonprofits that specifically reach out to military families. Even fewer have received proposals from community-based nonprofits serving military families.

Several funders stressed the need to improve access and/or increase existing capacity rather than initiate new efforts. Some went further in saying that care should be taken not to further complicate the maze of benefits and services. Finally, we were reminded that foundation and corporate giving programs do not have new dollars, and some expect to have fewer charitable dollars to give.

OBSERVATIONS AND CALL TO ACTION

On the one hand, the needs of individual OEF/OIF soldiers and families in the National Capital Region are urgent, widespread and outstrip resources. Deteriorating economic conditions will surely exacerbate the situation. Many initiatives to improve assistance are still on the drawing board or in the early stages of implementation. In addition and of great significance, there are few relationships between the military and community-based nonprofit helping networks. At best, many key players do not know each other and are unaware of each other's efforts. At worst, there is ignorance and a lack of trust.

On the other hand, current public and nonprofit efforts are motivated by common concerns for the well-being of troops and families. Local nonprofits may not have the outreach apparatus or procedures to accommodate the special circumstances of military families, but likely have the expertise and capacity to address some immediate and short-term concerns of those in greatest need. In addition, there may be opportunities to foment enduring systemic improvements in areas such as care for the caregivers as well as specialized training of mental health professionals, information and referral providers and hotline workers.

> Red Cross NCA volunteer E meets the wounded who come through Andrews Air Force Base. "They are just so thankful. Just making a milk shake or buying a pizza, they are always so thankful to us. We tell them, we are there to thank them." But sometimes soldiers are reluctant to be thanked. "One guy just didn't want any recognition because he was responsible for running the mortuary and thought people would hate him. I told him, 'You are doing a job no one else can do. You help families during their most difficult times. You are doing a wonderful work, and we are thankful.'" *–Red Cross National Capital Area*
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> CPT J, an Army nurse, was sent to work in a hospital in Iraq in the second year of the war. He was overwhelmed –the work, always being on high alert, the intensity that never stopped, and the horror of seeing the dead and dying. He felt like he was in over his head. When he returned, CPT J was sent to Walter Reed to work in one of the operating rooms. It was too much. He couldn't do the work and knew that he was suffering from post-traumatic symptoms. He desperately wanted relief, but has not yet found it. His eyes still twitch. He can't relax. He has constant headaches. He is married with 2 kids and really wants be there for them. *–WRAMC Restore and Renew Wellness Clinic*

The Community Foundation is calling upon all of our partners –especially individual donors; organized philanthropy; government, nonprofit and military organizations—to form a stronger front line for our military families, especially during these bleak economic times. **Together, we can:**

Raise our own and others' awareness about the needs of service members and their families so that the well-being of our active-duty and veteran military families is a high-priority. For nonprofit organizations and government agencies, determine if your client population includes these individuals and families, and consider their unique needs. For donors and funders, ask the groups you invest in if they are working with troops and families. We will continue to share data and bring attention to strategic giving opportunities.

Invest in strong organizations that are helping our troops and families. In the course of the study, we identified many nonprofit organizations that are providing critical services in our region. Consider a grant or donation to support:

- Increased services, especially those tailored to or adding the expertise required to meet the particular needs of service members and their families.

- Initiatives that simplify navigating the maze of benefits and shifts some of the burden of obtaining and organizing resources away from families and soldiers.

- Emergency and short-term services such as child care, home repairs, food and job training to ease the hardships during deployment and the post-deployment transition back into our community as well as during periods of extended health and mental health care.

Work to build connections between the military helping networks and community based nonprofits. The Community Foundation has already convened two meetings of leaders and providers from these sectors to learn about each other's programs and explore ways to collaborate. We will continue to convene these sessions and invite you to participate. We will also invest in and promote collaborative efforts.

October 2008 *** Study Team: Hope Gleicher, Debbie Lindenberg, Sunny Sumter**

For more information visit The Community Foundation's website, www.thecommunityfoundation.org, or contact Jackie Ogg, Deputy Director, Montgomery County Community Foundation, jogg@cfncr.org

TROOPS

- NATIONWIDE
  - Approximately 1.6 million soldiers have been deployed to either or both Afghanistan and Iraq.[i] More than one-third of these soldiers have been deployed more than once. [ii]
  - 40% of troops and veterans are National Guard and Reservists,[iii] higher than in any other wars. National Guard members are an "older cohort . . . with little connection to military communities or Department of Veteran Affairs."[iv]
- NATIONAL CAPITAL REGION
  - An estimated 36,967 soldiers have "ever deployed" and an estimated 6,020 are "currently deployed" to Afghanistan and/or Iraq. Of these, 5,320 have "ever deployed" and 931 are "currently deployed" from Montgomery and Prince George's Counties. 3,101 have "ever deployed" and 509 are "currently deployed" from DC. 28,546 have "ever deployed" and 4,580 are "currently deployed" from Northern Virginia.
  - There are more than 700 soldiers and 1000 family members who are in the area at any one time by virtue of the specialized care provided by the National Naval Medical Center in Bethesda and Walter Reed Army Medical Center on the border of DC and Silver Spring. The average length of stay for most of the wounded warriors at Walter Reed is more than 380 days.
- CASUALTIES AND WOUNDED
  - The military reports that 208 soldiers from our region have died in the two wars and 1,218 have been wounded in action.
  - The number of unique OEF/OIF veterans treated at VA facilities (other than Vet Centers) in the National Capital Region was 8,358 from FY2002 through 2007.[v] The percentage who have sought VA healthcare increased from 33% as of April 2007 to 35% as of October 2007[vi] to 37% as of May 2008. There are about 400,000 pending VA disability claims. The average wait-time for a disability claim is 183 days, but for claims that are appealed, the wait-time is almost two years. [vii] More than 638,000 new VA claims are expected over the next 5 years. [viii]

INSTALLATIONS

The region (plus Prince William County) hosts 15 military installations. Of note are Walter Reed Army Medical Center (the "clinical center of gravity of American military medicine" which provides comprehensive health care for more than 150,000 soldiers, other service members, family and retirees annually), and National Naval Medical Center (the hospital for Navy and Marine casualties returning from OEF/OIF and the only DoD facility capable of comprehensive complex neurocritical care for wartime Traumatic Brain Injury patients). Although not an installation, per se, the Pentagon, in Arlington, VA, has approximately 23,000 employees, both military and civilian.

NEEDS

- HEALTH AND MENTAL HEALTH
  - Due to improvements in equipment and immediate medical care, 90% of troops wounded in OEF/OIF survive their injuries, compared with 76% in the Persian Gulf War.[ix] Twice as many wounded soldiers require amputations than in previous wars.[x]
  - Proximity to frequent blasts have made Traumatic Brain Injury (TBI) the "signature wound" of these wars.[xi] As many as 30% of troops with combat-related injuries returning through WRAMC suffer from TBI[xii] which may cause headaches, reduced cognitive functioning, mood swings and sleep disturbances.[xiii]
  - Hearing damage is the number one OEF/OIF disability with nearly 70,000 troops collecting disability for tinnitus, a potentially debilitating ringing in the ears, and more than 58,000 on disability for hearing loss.[xiv]
  - Between one third and one half of returning troops report psychological problems. The National Guard counts 8 people affected for every one soldier who is experiencing mental health issues.[xv] Using a conservative 30% of the 1.6 million troops who have deployed, this translates to 480,000 soldiers who will report psychological problems, affecting an additional 3,840,000 others.
  - Mental health problems have shown up in higher levels three to six months after service members returned than in screenings done immediately upon returning home.[xvi] If the soldier is still on active duty when such problems manifest, he/she is eligible for military psychiatric treatment. If discharged, the VA may provide such services, if the solider is eligible and seeks out help. [xvii]
  - Suicide rates among veterans increased by 20% from 2006-2007. Suicide attempts by veterans increased 600% during that time.[xviii] Veterans represent 11% of the U.S. population but account for nearly 20% of the suicide attempts each year.[xix] National Guard and Reservists account for 40% of deployed troops, but 50% of all suicides by returning soldiers.[xx]
  - A survey conducted within the VA system found that 30% of female veterans experienced sexual assault.[xxi]
  - Veterans with untreated mental health conditions, like the general population, are at high risk of self-medication. In 2006, 9,000 OEF/OIF veterans were treated for substance abuse.[xxii]
- SHELTER

  On any given night there are over 200,000 homeless veterans in America.[xxiii] Veterans represent 11% of the civilian adult population, but comprise approximately 26% of the homeless population.[xxiv] The VA has already identified 1,500 homeless OIF/OEF veterans.[xxv]

(Over)

- EMPLOYMENT, EDUCATION, TRAINING

  Initial data shows 22,000 veterans losing seniority in their jobs and 11,000 being denied prompt reemployment with their prior employer.[xxvi] Guard and reserve soldiers may find their former jobs no longer exist, or their employers have downsized, folded, merged or relocated.[xxvii] It is "very common" for soldiers to file for bankruptcy following deployments and injuries.[xxviii] Some veterans have fallen into debt waiting for compensation from the VA for their disability claims.[xxix]

  - Because of frustration with government agencies, 77% of veterans say they don't even bother to seek reemployment help.[xxx]
  - 18% of veterans recently back from deployments are unemployed. Of those who do work, 25% earn less than $21,000.[xxxi]

- FAMILY LIFE
  - Divorce rates have almost tripled among Army officers since the start of the Iraq war.[xxxii]
  - The incidence of child abuse involving military families either leaving or just returning from deployment rose 30% from 2001 to May 2007.[xxxiii] In another study, mothers were three times more likely to have a substantiated report of child mistreatment when their soldier husbands were deployed than when the fathers were home. Mothers at home were nearly four times as likely to neglect their children and nearly twice as likely to physically abuse them during deployment periods.[xxxiv]
  - Recurring and long deployments mean families must be prepared to locate childcare in an emergency.[xxxv] While the DoD does provide childcare, the need exceeds supply. Even with new centers and funding provided by Congress for fiscal year 2008, there is still a shortfall of 31,500 spaces. This does not include drop-in and respite care shortages, which exist throughout the force.[xxxvi] Free childcare is available at Walter Reed for OEF/OIF families, but there is a current waitlist for full day care.

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[i] "Analysis of VA Hlth Care Utilization Among US Global War on Terrorism Veterans, OEF/OIF," VHA Off of Pub Hlth and Envir Hazards, Jan 2008, p.5.

[ii] http://giveanhour.org, accessed February 25, 2008.

[iii] "Risk and Protective Factors," presented by Swords and Plowshares, Iraq Veteran Prjt, Dec 2007, citing Segal, David R. and Mady Wechsler Segal. "U.S. Military's Reliance on the Reserves." March 2005. Population Reference Bureau. http://www.prb.org/Articles/2005/USMilitarysRelianceontheReserves.aspx.

[iv] Ibid, citing Department of Defense Demographics Report (2005). PBS, More Women Soldiers Dying in Iraq. News Hour with Jim Lehrer. December 18, 2006.

[v] Ibid. p. 10.

[vi] Ibid. p. 15.

[vii] Iraq and Afghanistan Veterans of America Issue Report, January 2008, http://www.iava.org/documents/VeteransWaitingForCareAndBenefits.pdf, accessed February 26, 2008.

[viii] Ibid.

[ix] Fact Sheet for Returning Veterans Summit as of June 19, 2007, http://www.helpingahero.org/index, accessed March 16, 2008.

[x] Ibid.

[xi] "Iraq and Afghanistan in Crisis," A Report by the National Veterans Foundation, February 28, 2008, p.4, citing Department of Defense American Forces Press Service, September 17, 2007, http://www.defenselink.mil/news/newsarticle.

[xii] "Emerging Health Concerns: Traumatic Brain Injury" http://www.pdhealth.mil/TBI.asp, accessed February 13, 2008.

[xiii] "Iraq and Afghanistan in Crisis," A Report by the National Veterans Foundation, February 28, 2008, p.4, citing Center for Disease Control, TBI Signs and Symptoms http://www.cdc.gov/ncipc/tbi/Signs_and_Symptoms.htm.

[xiv] http://swords-to-plowshares.org, accessed March 13, 2008.

[xv] In-person interview with Dr. Barbara Romberg, Founder and President, Give an Hour, March 10, 2008.

[xvi] "Virginia Braces for Veterans' Needs," The Washington Post, Saturday, March 1, 2008, citing a "national study."

[xvii] E-mail from Stephen Maguire, Director, Soldier family Assistance Center, Walter Reed Army Medical Center, April 9, 2008.

[xviii] Washington Post editorial, March 4, 2008.

[xix] Falls Church News Press, May 17, 2007, quoting Representative Jim Moran.

[xx] In-person interview with Dr. Barbara Romberg, Founder and President of Give an Hour, March 10, 2008.

[xxi] Testimony of Christine Hansen, Executive Director of the Miles Foundation, presented at Military Culture and Gender Conference 2005.

[xxii] "Risk and Protective Factors for Global War on Terrorism Veterans," Swords to Plowshares, Iraq Veteran Project, December 2007.

[xxiii] "Iraq and Afghanistan Veterans in Crisis," A Rpt by Natl Vets Fdn, Feb 28, 2008, p.4, citing Natl Coalition for Homeless Veterans.

[xxiv] Ibid, citing Veterans and Homelessness. Time, 0040781X, 11/19/2007, Vol. 170, Issue 21.

[xxv] AP, "Veterans Make up 1 in 4 Homeless," November 7, 2007.

[xxvi] "Iraq and Afghanistan in Crisis," A Report by the National Veterans Foundation, Feb 28, 2008, p.4, citing Statement of US Sen Edward Kennedy, "Protecting the Employment Rights of Those who Protect the United States," to the Senate Help Committee. Nov 8, 2007.

[xxvii] "Risk and Protective Factors for Global War on Terrorism Veterans," Swords to Plowshares, Iraq Veteran Project, December 2007.

[xxviii] http://www.operationhomefront.net/ww_housing/wwhomes.asp, accessed March 16, 2008.

[xxix] "Battling Red Tape: Veterans Struggle for Care and Benefits," updated January 30, 2008, http://www.iava.org.

[xxx] "Iraq and Afghanistan in Crisis," A Rpt by the Natl Veterans Fdn, Feb 28, 2008, p.4, citing Statement of US Sen Edward Kennedy, "Protecting the Employment Rights of Those who Protect the United States," to the Senate Hlth Comm, Nov 8, 2007.

[xxxi] "Veterans Return to Bleak Job Market," Washington Post, April 1, 2008.

[xxxii] "Iraq and Afghanistan in Crisis," A Report by the National Veterans Foundation, February 28, 2008, p.5.

[xxxiii] http://fridayletter.asph.org citing article in May 15, 2007 American Journal of Epidemiology.

[xxxiv] "Child Abuse Rises When Dad is at War," The Associated Press, July 31, 2007.

[xxxv] Ibid.

[xxxvi] Draft Statement of Kathleen Moakler, Dir, Govt Rel, Natl Mil Fam Assn before Subcomm on Mil Personnel of the House Armed Svcs Comm, Feb 7, 2008.